

**OPTIONAL STATE SUPPLEMENTATION**

<b>STATUTORY BASIS FOR PAYMENT</b>	Section 68-1005, Code of Nebraska, Legislative Bill 311.
<b>EFFECTIVE DATE</b>	January 1, 1974.
<b>ADMINISTRATION <sup>1</sup></b>	Department of Health and Human Services.
<b>PASSALONG</b>	In compliance by the method of total expenditures.
<b>SCOPE OF COVERAGE</b>	Optional State supplement provided to aged, blind, and disabled recipients who meet State guidelines; except those in public institutions where Medicaid is not paying for the cost of care. Persons living in the household of another receive the same State supplement as those living independently. Blind and disabled children are eligible for optional supplementation payments.
<b>RECOVERIES, LIENS, AND ASSIGNMENTS</b>	None.
<b>RELATIVE RESPONSIBILITY</b>	Spouse for spouse; parent for child under age 18 who is part of household.
<b>INCOME DISREGARDS</b>	Aged and disabled: No disregards in addition to Federal income disregards. Income disregards for the blind include the first \$20 per month of unearned income not including SSI and the first \$85 plus one-half of the remainder of earned income.
<b>RESOURCE LIMITATIONS</b>	Federal SSI resource limitations apply.
<b>PLACE OF APPLICATION</b>	Local offices of the Department of Social Services.
<b>FUNDING</b>	Assistance: State funds. Administration: State funds.
<b>INTERIM ASSISTANCE</b>	State participates.

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<sup>1</sup> Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**PAYMENT LEVELS <sup>2</sup>**

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Living independently	\$527.00	\$764.00	\$27.00	\$13.00
Living with an essential person	764.00	N/A	14.00	N/A
Room and board facility <sup>3</sup>	463.00	886.00	129.66	385.33
Certified adult family home <sup>4</sup>	665.00	1,330.00	165.00	579.00
Licensed assisted living facility	790.00	1,580.00	290.00	829.00
Licensed group home for children or child caring agency:				
Disabled	630.00	N/A	130.00	N/A
Medicaid facility	40.00	80.00	10.00	20.00

**STATE ASSISTANCE FOR SPECIAL NEEDS****ADMINISTRATION**

Department of Health and Human Services.

**SPECIAL NEED  
CIRCUMSTANCES:****TRANSPORTATION  
COSTS**

Thirty cents per mile for:

- 1) school attendance outside of school district; and
- 2) obtaining medical services if recipient used own car.

**REPAIR OR  
PURCHASE OF  
FURNITURE/  
APPLIANCES**

Repair or purchase of furniture or appliances over \$750 total cost may be included (with State office approval) if the unit lacks essential items.

<sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>3</sup> Applies only to persons living in the household of another.

<sup>4</sup> Includes a minimum of \$40 for personal needs allowance.

**SPECIAL NEED  
CIRCUMSTANCES (CON.)****MOVING  
EXPENSES**

Costs of moving may be included if the recipient is forced to move for reasons beyond his/her control or if the recipient can obtain lower cost shelter.

**TAXES**

Back taxes may be included if the individual would soon lose the home, and the plan to remain in the home is preferred by the individual and recommended by the case worker.

**HOME REPAIRS**

Payment for home repairs (to \$1,000) made if necessary for the recipient's health or safety or if condemnation of the property is imminent.

**MEALS AND  
LODGING**

The cost of meals (to \$12 per day) and lodging if verified as related to obtaining approved health services may be granted if the individual is away from home for more than 12 hours.

**MAINTENANCE  
FOR GUIDE DOG**

The medical and maintenance costs of a seeing eye dog may be allowed.

**GUARDIAN/  
CONSERVATOR**

An allowance not to exceed \$10 a month may be allowed if the client has a court appointed guardian or conservator.

**MEDICAID****ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

**DETERMINED BY**

State.

**MEDICALLY NEEDY  
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL  
EXPENSES**

The Social Security Administration does not obtain this information.